HOME TEACHING OF THE NEWLY BLINDED GERIATRIC CLIENTS

Progress Report to the Administration on Aging
Department of Health, Education and Welfare

II

By

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1. PROJECT PURPOSE

The main purpose of the demonstration project, "Home Teaching of the Newly Blinded Geriatric Clients," is to demonstrate the relative effectiveness of home teaching in helping the newly blinded geriatric clients to overcome their various disabilities, especially their disabilities caused by blindness, and to achieve a greater measure of functional independence and personal happiness.

2. PROJECT PERSONNEL

There were no changes in the project staff during the period covered by this report. Mr. Harold W. Drane remains the Project Director and Mrs. Eleanor Underwood the Principal Investigator. The home teaching is carried on by two totally blind home teachers, Miss June Jenkins and Miss Suzanne Johnson, both of whom hold Master Degrees in Special Education, Program for Training Home Teachers of the Adult Blind, awarded by the Western Michigan University in Kalamazoo, Michigan. Dr. Giles Edward Gobetz, who is Associate Professor of Sociology and Anthropology at Kent State University, is still a Research Consultant with the Cleveland Society for the Blind and continues to be responsible for research on this project. For detailed biographical information, please see our Spring Progress Report (1/1/1967 - 3/31/1967), pages 18 - 22.

3. CLIENT STATISTICS

During the three-month period covered in this report (April, May and June, 1968), the project population consisted of 54 clients. Forty-seven of these clients were actually receiving visits and training from the home teachers, with an almost even distribution of clients per teacher. (Miss Johnson taught 24 clients and Miss Jenkins, 23 clients.) Seven more clients were interviewed, tested, rated and assigned to the home teachers by the Principal Investigator, but have not yet been visited by the home teachers.

The number of clients actually receiving the home teaching services (47) during the current reporting period surpasses the highest previously reported load (36 clients, as reported in Progress Report III, 1967) by 11 clients. Thus, the project entered a new phase of experimentation, approaching the maximum number of clients per teacher (25), as designated in the original proposal. It should be noted that the home teachers have frequently in the past expressed their desire to work with a larger number of clients and are quite satisfied with their increased load.

As always, all clients had been visited, interviewed, tested and rated by the Principal Investigator, prior to their referral to the home teachers. In addition, the Principal Investigator made 16 second ratings (or T-2 ratings) following immediately after the termination of the home teaching services, and ten follow-up

ratings on clients who had been terminated several months earlier. A comparison of first and second ratings by the Principal Investigator will constitute another measure in the evaluation of the relative effectiveness of home teaching services, while the follow-up testing is designed to determine the relative maintenance by the clients of the skills which they had earlier learned and the degree of their utilization of the skills which they had mastered. Such an analysis of the findings by the Principal Investigator as based on her three distinct ratings will be presented in the final report.

At this time, let us first examine the statistical data on the geriatric blind clients who constituted the project population during this reporting period. Age and sex distributions of the client population are shown in Table 1.

Table 1. Frequency and Percentage Distribution of Clients by Age and Sex

Age	Male f	%	Female f	%	Total f	%
60 - 64	3	17.65	0	---	3	5.56
65 - 69	2	11.76	6	16.22	8	14.81
70 - 74	4	23.53	8	21.62	12	22.22
75 - 79	3	17.65	9	24.32	12	22.22
80 - 84	3	17.65	10	27.03	13	24.07
85 - 89	2	11.76	4	10.81	6	11.11
Total	17	100.00	37	100.00	54	99.99

The age range was 28 (from 61 years for the youngest client to 89 years for the oldest). The median age for the entire population was 76 years, i.e., 50 per cent of all clients were younger than 76 years, and 50 per cent were older than 76 years. However, the median for the male clients was only 75 years and six months, while the female client population averaged 78 years, i.e., the female clients tended to be three years older on the average than the male clients.

It may also be noted that the average age of the entire client population tended to be nearly the same in all reporting periods (medians between 73.5 and 76.5) in spite of the changing clientele.

The statistical information on race of the clients is presented in Table 2, while Table 3 presents the data on their religion.

Table 2. Frequency and Percentage Distribution of Clients by Race

Race	Frequency	Percentage
White	44	81.48
Non White	10	18.52
Total	54	100.00

Table 3. Frequency and Percentage Distribution of Clients by Religion

Religion	Frequency	Percentage
Protestant	34	62.96
Catholic	18	33.33
Jewish	1	1.85
Other	1	1.85
Total	54	99.99

In Table 4, frequency and percentage distributions of clients by their marital status are shown.

Table 4. Frequency and Percentage Distribution of Clients by Marital Status

Marital Status	Frequency	Percentage
Widowed	29	53.70
Married	20	37.04
Single	3	5.56
Divorced	2	3.70
Total	54	100.00

As we see in Table 4, the majority of clients (almost 54 per cent) are widowed. Thus, the typical geriatric blind client is more likely than not to have suffered the loss by death of his spouse which should be borne in mind, as it is likely to represent an additional strain on the client, necessitating his adjustment not only to his loss of sight but also to the loss of his spouse. There are usually also secondary disabilities (as shown in Table 8) which accompany both of these (more or less traumatic) experiences. The percentage of divorced clients was relatively low (less than four per cent) and fewer than six per cent of the clients were single. Only 37% of the entire population were married and living with their spouses. (Our final report will try to show whether or not the client's marital status plays a significant role with regard to his attitudes toward, and ability for learning and profiting from the home teaching.)

Table 5 presents the reported sources of income for clients.

Table 5. Frequency and Percentage Distribution of Clients by Source of Income

Source of Income	Frequency	Percentage
Social Security retirement	29	53.70
Social Security disability	10	18.52
Public assistance	8	14.81
Private employment	1	1.85
No data	6	11.11
Total	54	99.99

Close to three-fourths of all clients received checks from Social Security (mostly retirement and some disability), and slightly fewer than 15 per cent of the clients were on public assistance. No generalization can be made beyond the point that practically all clients had a steady source of at least a minimum regular income. Some clients were well-to-do and even wanted to pay for the home teaching services, but no information was systematically sought or determined concerning the total financial situation of all clients.

In Table 6, frequency and percentage distributions of clients by the duration of blindness are indicated.

Table 6. Frequency and Percentage Distribution of Clients by Duration of Blindness

Duration of Blindness	Frequency	Percentage
50 years	1	1.85
41 years	1	1.85
38 years	1	1.85
35 years	1	1.85
11 years	1	1.85
10 years	1	1.85
5 years	1	1.85
3 years	6	11.11
2 years	13	24.07
1 year	20	37.04
No data	8	14.81
Total	54	99.98

Thirty-three of the 54 clients, or 61 per cent of the client population, were blind only two years or less, with the largest single number (20 clients, or 37 per cent of the client population) having been blind only a year or less. Considered cumulatively, 40 clients, or 74 per cent of the total group, were blind five years or less, or, in other words, slightly fewer than three-fourths of all clients have been blind for the duration of up to five years. Conversely, 14 clients, or 25.93 per cent, were blind longer than five years, and six clients, or 11.11 per cent of the entire project population, were blind longer than ten years. (The relationship between the duration of blindness and the relative effectiveness of the home teaching services will be analyzed in our final report where it will be possible to operate with the higher frequencies of cases.)

Causes of blindness for the project population here covered are presented in Table 7.

Table 7. Frequency and Percentage Distribution of Clients by Causes of Blindness

Causes of Blindness	Frequency	Percentage
Macular degeneration	13	24.07
Glaucoma	12	22.22
Cataracts	10	18.52
Diabetic retinopathy	8	14.81
Optic atrophy	4	7.41
Arteriosclerosis	3	5.56
Degeneration of retina	3	5.56
Explosion at work	1	1.85
Total	54	100.00

While the sequence is not the same, the first most prevalent four causes of blindness in our current project population are the same as they were toward the end of last year (see Progress Report IV, 1967, p. 3), namely macular degeneration, glaucoma, cataracts and diabetic retinopathy. The leading causes of blindness in our geriatric clients seem to persist even when previous clients are being replaced with new ones.

In Table 8, frequency and percentage distributions of clients by their secondary disabilities are listed.

Table 8. Frequency and Percentage Distribution of Clients by Secondary Disabilities

Secondary Disability	Frequency	Percentage of Clients	Percentage of All Disabilities
Diabetes	15	27.78	24.59
Heart Condition	11	20.37	18.03
Arthritis	7	12.96	11.48
Hearing Loss	7	12.96	11.48
Stroke	6	11.11	9.84
Partial Paralysis	4	7.41	6.56
High Blood Pressure	2	3.70	3.28
Hypertension	2	3.70	3.28
Kidney Trouble	2	3.70	3.28
Hip Fracture	2	3.70	3.28
Angina Pectoris	1	1.85	1.64
Ulcers	1	1.85	1.64
Hernia	1	1.85	1.64
Total	61	112.94*	100.02

*Since some clients suffer from more than one disability, the total percentage adds up to more than a hundred.

Diabetes, heart condition, arthritis and hearing loss were the four leading secondary disabilities (in that sequence) during the current reporting period, just as they had been in 1967, although with a slightly different sequence. (The earlier sequence was diabetes, hearing loss, heart condition, arthritis. See Progress Report IV, 1967, p. 4.)

Table 9 shows the frequency and percentage distributions of clients by the number of reported secondary disabilities per client.

Table 9. Frequency and Percentage Distributions of Clients by Number of Secondary Disabilities per Client

Disability	Male f	%	Female f	%	Total f	%
None	4	20	7	20.59	11	20.37
One	7	35	14	41.18	21	38.89
Two	6	30	10	29.41	16	29.63
Three	3	15	3	8.82	6	11.11
	20	100	34	100.00	54	100.00

Among both male and female clients the largest (or modal) number (a fifth of the clients of either sex) reported one secondary disability. The descending sequence remains the same for both sexes, with two disabilities representing the second largest category; no secondary disabilities, third largest; and three recorded disabilities representing the smallest reported proportion of clients. More female than male clients reported being afflicted with one disability, but a larger proportion of men than women suffered from three disabilities, in addition to blindness.

While more detailed analysis with larger frequencies is necessary, our current findings suggest that men and women are not strikingly different in reporting secondary disabilities and that, most frequently, only one secondary disability (rather than a litany of disabilities) is reported.

4. THE HOME TEACHING PROCESS

Descriptions of the home teaching process can be found in our previous reports and are, in the main, applicable to this report. We wish, however, to list the major activities in which the home teachers and their clients were engaged during the period here covered. No fewer than sixteen different skills (or categories of related skills) were being taught by the home teachers during the last three months. These skills are listed in a descending order of frequency in Table 10.

Table 10. Frequency and Percentage Distribution of Clients by Activities

Activity	Number of Persons Taught	Per Cent of Persons	Percentage of All Activities
Script board writing	24	44.44	17.02
Using the talking book machine	15	27.78	10.64
Simple cooking (including such skills as pouring, measuring, cutting, peeling, setting oven temperature)	15	27.78	10.64
Telephone dialing	13	24.07	9.22
Personal grooming (dressing, identifying clothes, eating, shaving)	11	20.37	7.80
Simple sewing (using self-threading needles and seam guide)	10	18.52	7.09
Simple homemaking (cleaning, bed making, ironing)	8	14.81	5.67
Indoor mobility	8	14.81	5.67
Handling money and coin identification	8	14.81	5.67
Learning braille	7	12.96	4.96
Sighted guide technique	7	12.96	4.96
Using braille watch, clock, ruler	6	11.11	4.26
Crafts	3	5.56	2.13
Typing	2	3.70	1.42
Using tape recorder	2	3.70	1.42
Hammering, using screw driver, wrenches and sewing	2	3.70	1.42
Total	141	261.08*	99.99

*Since some clients were engaged in several activities, the percentages do not add up to 100.

A year ago, during the same period, fewer activities were being taught to fewer clients and the sequence of frequencies was somewhat different. While, unfortunately, the reported descriptive skill categories were not exactly identical for both periods, the learning of script board writing, using of talking book machines and cooking became particularly prominent this year. Telephone dialing fell from the first place last year (see Progress Report II, 1967, p.2) to the fourth place at the present time. In either report, one notes a great diversification of skills, each of which is being taught to a relatively small proportion of clients, rather than a few "basic" skills being taught to all clients or at least to most of them. Even the skill being taught to the largest segment of clients has in neither case reached as many as 45 per cent of all clients. This diversification and individualization, based on a client's need, disposition and ability, seem to be strongly characteristic of the home teaching services. The blind home teacher of the geriatric blind clients must be a "diversifier" and "individualizer." Her sensitivity to individual needs, attitudes and abilities of each client is of paramount importance.

It should also be noted that the home teaching was expanded during this reporting period to include some instruction in crafts and handwork and in basic home mechanics. The teachers also increased the number of referrals for Group Activities and Friendly Visiting and referrals to the Society's camping program.

5. EVALUATION

Only relatively simpler methods of evaluation are being used in our three-monthly project reports, while the more comprehensive and intensive evaluation must wait for the final report.

(a) Home Teacher Ratings

In Table 11, the "over-all success grades" which were given each client by his home teacher for his over-all attitude, ability and performance are being presented. (More detailed ratings will be tabulated and analyzed in the final report.)

Table 11. Frequency and Percentage Distribution of Over-all Success Grades Given Clients by Home Teachers

Grade	Miss Jenkins f	Miss Jenkins %	Miss Johnson f	Miss Johnson %	Total f	Total %
A	3	10.34	-	-	3	5.56
B	6	20.69	9	36	15	27.78
C	7	24.14	13	52	20	37.04
D	3	10.34	-	-	3	5.56
F	2	6.90	-	-	2	3.70
Not reported	8	27.59	3	12	11	20.37
Total	29	100.00	25	100	54	100.01

The category "Not Reported" includes the seven clients who had been referred to the home teachers without having received any instruction as yet, and four clients for whom the grade could not yet be clearly and fairly determined.

Both teachers gave grade "C," or average, to the largest single number of their clients. Over one-fourth of clients was given a "B," or "good"; with less than six per cent having received an "A," or "excellent," and a "D," or "hardly satisfactory." Two of Miss Jenkins' clients failed, with a grade of "F."

Since such complete failures are rare, let's briefly describe the two clients.

The first client was Mrs. H., age 83, white, widowed, Protestant; suffering from glaucoma, stroke and back injury. She was found to be very depressed (frequently cried) and of a dependent personality (expected others to do everything for her), and having a poor self-concept (often referred to herself as being "dumb"). Instruction was too upsetting to her and she was referred for casework.

Case No. 2 was that of Mrs. K., age 71, white, Catholic, married; suffering from diabetic chorioretinitis, arteriosclerosis, diabetes and high blood pressure. She showed no interest in any home teaching activity and was extremely difficult to communicate with, making practically no response to the home teacher's efforts to interest her in some of the home-teaching services. She expressed an interest, however, in the low vision aids and was referred to the Society's Low Vision Clinic. It appears that Mrs. K. has not yet accepted her blindness. She refused to become motivated in any way, since an involvement in the home-teaching process would, implicitly, signify her recognition of her blindness, a step which she was not yet ready to take.

By assigning the corresponding weights to the over-all success grades (A = 4, B = 3, C = 2, D = 1, F = 0), we are able to compute the average Over-all Success Scores for the groups of clients, which we do in Table 12.

Table 12. Frequency and Percentage Distributions of Over-all Success Scores for Clients

Grade	Miss Jenkins' clients f	score	product	Miss Johnson's clients f	score	product	Total f	score product
A	3		12	-	-		3	12
B	6		18	9	27		15	45
C	7		14	13	26		20	40
D	3		3	-	-		3	3
F	2		0	-	-		2	0
Total	21		47	22	53		43	100
$\bar{X}$ (group mean score)			2.24			2.41		2.33

The mean over-all success scores, based on the grades by home teachers, are 2.24 for Miss Jenkins' clients, 2.41 for Miss Johnson's clients, and 2.33 for the entire project population. Thus, the average over-all success level is "C plus," with Miss Johnson's group being rated slightly higher than that of Miss Jenkins.

The corresponding scores for the same period during the last year were 2.08 for Miss Jenkins' group and 2.33 for Miss Johnson's group, or slightly less favorable than this year (see Progress Report II, 1967, p. 9).

This rating method is, of course, subject to the same subjective limitations as the grading system in our schools, but, like the grading system, it nevertheless represents a useful, if imperfect technique of evaluation.

In our project, this technique suggests an over-all success of the home teaching on a "C plus" level.

(b) Other Criteria

One way of evaluating the effectiveness of a teaching program is to evaluate the teachers.

Summarizing her impressions for the period here covered, the Principal Investigator reported:

> Both Miss Johnson and Miss Jenkins continued to provide a high degree of skilled instruction and the maximum service their clients were able or willing to accept. Because of other physical disabilities (see Table 8 of this report) or occasional rigidity of attitudes in the clients, their work was sometimes discouraging (see comments on Mrs. H. and Mrs. K. in this report), but successes greatly outweighed the failures.

Competent researchers have also become increasingly aware of the importance of self-concept for numerous areas of achievement. (See studies by W. Brookover, W. Reckless, S. Dinitz, etc.)

Both of the project's home teachers seem to have a realistic and positive self-image which, apparently, helped them to achieve their profession and to practice it effectively.

One of Miss Johnson's self-evaluations reads:

> The teacher feels that she is adequately providing rehabilitation services to those clients who can benefit from the home teaching and are willing to accept the service. Teacher feels that she has made an effort to be punctual about appointments and conferences with clients. Teacher puts forth an effort to bring up points worthy of discussion during conferences with supervisors. She always remains open for criticism and suggestion. (See Progress Report III, p. 7.)

Surprisingly, however, one notices a slight tendency of Miss Johnson to "forget" or to "evade" self-evaluation unless specifically pressed for it. For

instance, in Progress Report II, 1967 (p. 12), Miss Johnson failed to submit a brief paragraph on self-evaluation. In our current report, she wrote under the heading "Self Critique":

> Teacher has taught some new areas of instruction during this reporting period. Three clients were taught dressing. This was the first time teacher had had students who needed help in this area. A person was taught shaving for the first time. Crafts were also taught to one person.

The above paragraph is not self-evaluative. This evasiveness, however, may be due to cultural and, especially, to religious conditioning, and is not necessarily a reflection on Miss Johnson's self-concept. The teacher gives the impression of an independent, self-reliant and highly altruistic person.

Miss Jenkins' self-evaluation for the reporting period reads:

> The Home Teacher is continuing to teach, to the best of her ability, those skills in which the clients will accept instruction.

Reactions from clients, obviously, are also of great importance in the evaluation of any social service or instructional project. While the systematic study of the attitudes of clients must wait for the final report, records for the reporting period again show a considerable number of spontaneous expressions of praise from clients and their relatives for both home teachers and their satisfaction with, and gratitude for, the services provided by the home teachers.

The Principal Investigator also reports that

> no complaints from clients, relatives or friends have been expressed, although there were occasional refusals to accept service after the initial contact and rating had been made. Generally, such rejection is valid when there are severe physical disabilities or limitations, even though a limited teaching plan might be helpful. The only complaints received from the home teachers have been that occasionally clients cancel appointments or do not admit the teacher after she goes to the client's home.

Miss Johnson also reports:

> Teacher has had more than the usual number of slow clients during this reporting period. This has required modification of their programs to meet their individual needs. Each client must be worked with according to his individual needs.

Thus, diversification and individualization, which have been briefly discussed earlier in this report, are strongly characteristic of the home teaching project.

In summary, on the basis of simpler evaluative methods, it can be said that, during the period here covered, effective home-teaching services were provided to

an increased number of clients. A larger number of skills were taught and satisfactorily learned by nearly all clients.

A more exacting evaluation will be presented in our final report.

6. PLANS, SUGGESTIONS AND COMMENTS

No new plans have been developed during this reporting period. It is probable, however, that the number of clients who are not "newly blinded" in a narrower sense will be increased somewhat in the future to enable us to make a better comparative study of the home-teaching effectiveness, also on the basis of the duration of blindness. The newly blinded geriatric clients, however, will continue to constitute a majority of the project population also through the remaining year of the project.

Two specific suggestions have been made by the home teachers. Miss Jenkins proposed:

> A saving of time and transportation expenditure might be realized if the Principal Investigator were permitted to eliminate a very severely disabled client without referring him to a Home Teacher. A client such as Mr. S., who cannot sit up without support, could hardly be expected to derive much benefit from any type of instruction.

Additional information on Mr. S. is found in his Case Record where we read the following entry by Miss Jenkins:

> Mr. S. was referred to the Home Teacher in April and was seen once on May 22. In addition to blindness, he has a severe hearing loss and is quite incapacitated due to a stroke. He uses a walker to move from his bedroom to the bathroom, but must still have assistance. It is necessary for him to sit up on a chair frequently in going from one room to another. When sitting up in bed, he must hold onto the top of it for support. It was not possible to attempt any teaching with this client and, therefore, no over-all success grade can be assigned. Due to his severe physical incapacity, Mr. S. is being closed in Home Teaching.

The Project Director, Mr. Harold Drane, expressed some doubt concerning Miss Jenkins' idea. One could say that while the number of clients served would undoubtedly be increased by eliminating the most difficult and handicapped persons, the factor of need is often especially acute in such cases. It is also frequently impossible to say, prior to actual experimentation, whether a client may, or may not be able to profit from home teaching. Conceivably, even a client like Mr. S. might want to learn how to tell time or how to operate a talking book and be able to master such skills. Past research also suggests that some severely handicapped, but highly motivated and independence-oriented clients have learned considerably more than anybody had dared to expect. For these reasons, the severely handicapped persons are not likely to be excluded during the remaining period of this demonstration period without the benefit of some experimentation, although the

probable validity of Miss Jenkins' proposal in terms of maximization of services is readily recognized. It will remain a task for our final report to show whether there is generally a significant relationship between the severity of disability and the effectiveness of home teaching.

Miss Johnson has made the following suggestion:

> Teacher suggests that there might be advantage in allowing clients to pay for services who wish to do so, even though this is a federally sponsored project. Some clients worry about the fact that they are not paying for the service which they are receiving to the point that it interferes with instruction. Some people are not satisfied with the answer that they can make a contribution to the agency (The Cleveland Society for the Blind). They want to know that the money which they are contributing goes directly toward the home teaching service which they are receiving.

Miss Johnson, undoubtedly, raises an interesting, if controversial question. Psychiatrists, as well as the administrators of Scouting programs, have long argued for or against payment of fees for services received. However, strictly controlled research studies of fees as a factor in the effectiveness of a project are lacking. It may be suggested that Miss Johnson's proposal should be implemented after the termination of the current, contractually-limited demonstration period. An effort should, of course, be made to assure a complete equality of services for both paying and non-paying clients.

In concluding this progress report, one can justly emphasize that the home teaching of the newly blinded geriatric clients is an increasingly important service approach. A considerable amount of research under carefully controlled conditions will be needed to point out the most effective techniques in helping the geriatric blind clients to optimize their adjustment to their dual problem of blindness and old age.

An efficient and humane society cannot ignore this challenge at a time when the elderly people constitute 65 per cent of our nation's blind and visually handicapped population. (See "AFB to Form Task Force on Geriatric Blindness," Newsletter of the American Foundation for the Blind, Summer, 1968.)